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Dr. Frazier

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2531

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 83

17 DEATH NO 162 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Maricopa		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa		
2 1 3 88 7 449	3. NAME OF DECEASED A. (FIRST) Zina B. (MIDDLE) Susette C. (LAST) LeBaron		4. SEX female 5. COLOR OR RACE White		
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 8 DAY 3 YEAR 1908		
10 18 10	8. AGE YEARS 88 MONTHS 8 DAYS 22		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Housewife		
	9B. KIND OF BUSINESS OR INDUSTRY at home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah		
14A. FATHER'S NAME Benjamin Franklin Johnson	11. CITIZEN OF WHAT COUNTRY? U.S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		
	13. SOCIAL SECURITY NO. None		14B. BIRTHPLACE (STATE OR COUNTRY) No record		
15A. MOTHER'S MAIDEN NAME Susan Adeline Holman		15B. BIRTHPLACE (STATE OR COUNTRY) No record		16. INFORMANT'S SIGNATURE Mrs. Winnie Gardner	
17. DATE OF DEATH (MONTH) April (DAY) 25 (YEAR) 1949		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Apr 23, 1949 TO Apr 25, 1949 . THAT I LAST SAW THE DECEASED ALIVE ON Apr 23, 1949 AND THAT DEATH OCCURRED AT 2:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE D. E. Frazier M.D.		23B. ADDRESS Mesa, Arizona	
23C. DATE SIGNED May 4, 1949		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 4-27-49	
24C. NAME OF CEMETERY OR CREMATORY City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		25A. DATE REC'D BY LOCAL REG. 5-4-49	
25B. REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary		27. EMBALMER'S SIGNATURE [Signature]	
27. EMBALMER'S SIGNATURE [Signature]		28. CERT. NO. 2884			